

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ELECT RON SULLENGER FOR SUPERVISOR		Date of This Filing <u>05-16-2016</u>	Date Stamp FILED REGISTRAR OF VOTERS MAY 16 2016 DONNA M. JOHNSTON DEPUTY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530 701-5055	I.D. NUMBER (if applicable) 1343937	Report No. <u>002</u>		
STREET ADDRESS 4425 BROADWAY RD		<input type="checkbox"/> Amendment to Report No. _____ BY _____ (explain below)		
CITY LIVE OAK	STATE CA	ZIP CODE 95953	No. of Pages <u>1</u>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
5/16/16	EMPIRE FARMING PO Box 3686 YUBA CITY, CA 95992	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****Contributor Codes**

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee